

## A.L.L. Study - Weekly Site Coordinator Feedback Log

<b>Date:</b>		<b>Name:</b>	
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**Please include anything you think might help us understand barriers and facilitators to OCHIN A.L.L. implementation.**

**Reminders:**

- Goal is to reveal the stories and ongoing process of implementation.
- Please be specific and include details (how, who, what, & when) whenever possible.
- Note the feedback source (i.e., nurse, doctor, MA, patient, etc.)
- Use square brackets when sharing your insights or interpretations.
- Use quotation marks for verbatim quotes.

**Potential topics for your feedback log:**

✓ Implementation (Day-to-day logistics)	✓ Surprises, Challenges, and Solutions
✓ Communication (Formal and Informal)	✓ Unresolved or ongoing issues
✓ Tools (BPA, Inreach and Outreach Solutions rosters, and education materials)	✓ Other feedback that you think is relevant